



City of Lauderhill
FINANCE DEPARTMENT

UTILITY BILLING CHANGE FORM

☐ OWNER ☐ TENANT ☐ BILLING ADDRESS

Please print legibly:

Date: _____

Owner's Home Phone: _____ Work Phone: _____ Ext.: _____

Owner's Name: _____

Owner's Street Address: _____

City: _____

St: _____ Postal Code: _____

Customer No.: _____

BILLING ADDRESS

Contact Person: _____

Street Address: _____

City: _____

St: _____ Postal Code: _____

Ph: _____ Work Phone: _____ Ext.: _____

Send notice to Owner's address? (must be different from billing address!) Yes _____

I understand that the owner is responsible for all account activity. Arrangements made between the owner and other parties do not relieve this responsibility.

Signature of Owner

Social Security Number

Driver's License #

Processor

Date